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APPLICATION NO.	FILING DATE	FIRST NAMED		/ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.			
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TITLE OF INVENTION: R APPLN. TYPE	EVERSIBLE HEAT-SENSI SMALL ENTITY	ITIVE PAPER AN		PUBLICATION FEE	ATION TOTAL FEE(S) DUE	DATE DUE			
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"Fee Address" indicating PTO/SB/47; Rev 03-02 (Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless been previously submitte (A) NAME OF ASSIGN! (1) RIKEN CYCHROMIC CO., Please check the appropriate 4a. The following fee(s) are Issue Fee Publication Fee Advance Order - # of the Processing Publication Fee	ence address (or Change of C22) attached. on (or "Fee Address" Indicator more recent) attached. Use RESIDENCE DATA TO B an assignee is identified bed to the USPTO or is being see Ltd. assignee category or catego enclosed:	Correspondence tion form e of a Customer E PRINTED ON T low, no assignee disubmitted under sep (B Science (will not be pri	names of up agents OR, alt firm (having a agent) and the attorneys or ag will be printed. THE PATENT (pri ata will appear on parate cover. Com) RESIDENCE: (Caitama, Jackyo, JAP2 inted on the patent. Payment of Fee() A check in the XPayment by creating the Director in Deposit Account	the patent. Inclusion of pletion of this form is North and STATE OR CAPAN AN i); individual (3); amount of the fec(s) is eadit card. Form PTO-203 is hereby authorized by Number 50128	attorneys or 1 Grif the of a single and attorney or 2 intered patent atted, no name 3 intered. The assignee data is only approprious a substitute for filing an assignment of a substitute for filing an assignment of the private grant of the substitute for filing an assignment of the private grant of the substitute for filing an assignment of the private grant of the substitute for filing an assignment of the private grant of the substitute for filing an assignment of the substitute for filing an assignment of the substitute for filing an assignment of the substitute for filing and assignment of the substitute for filing an assignment of the substitute for filing and substitute for	credit any overpayment, to copy of this form).			
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